

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**1020.00**

## Complete if Known

Application Number	09/801,950
Filing Date	March 8, 2001
First Named Inventor	Philip G. Durr
Examiner Name	Kendall, Chuck O.
Art Unit	2122
Attorney Docket No.	154597.01
Express Mail Label No.	

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **50-0463** Deposit Account Name: **MICROSOFT CORPORATION**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	0

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims** 33 - 37 or HP= 0 **Extra Claims** x 50 = 0 **Fee Paid (\$)**  
HP = highest number of total claims paid for, if greater than 20  
**Indep. Claims** 3 - 3 or HP= 0 **Extra Claims** x 200 = 0 **Fee Paid (\$)**  
HP = highest number of independent claims paid for, if greater than 3

**Multiple Dependent Claims**  
**Fee (\$)** 0 **Fee Paid (\$)** 0

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** -100 = 0 **Extra Sheets** / 50 = 0 **Number of each additional 50 or fraction thereof** x 250 = 0 **Fee Paid (\$)**

### 4. OTHER FEE(S)

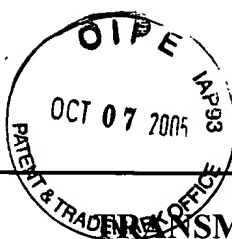
Non-English Specification, \$130 fee (no small entity discount)

Other: Extension of Time Request

**Fees Paid (\$)**  
0  
1020

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) <b>47,648</b>	Telephone <b>(425) 707-3913</b>
Name (Print/Type)	<b>Paul Heynssens</b>	Date <b>October 5, 2005</b>	



2122

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/801,950
	Filing Date	March 8, 2001
	First Named Inventor	Philip G. Durr
	Group Art Unit	2122
	Examiner Name	Kendall, Chuck O.
<input type="checkbox"/> Sent via Express Mail Label No.:	Attorney Docket Number	154597.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> <b>Fee Transmittal Form (in duplicate; \$1020.00 total fee)</b> <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> <b>Amendment / Reply</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s) ( sheets)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> <b>Extension of Time Request (in duplicate)</b>	<input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> (Under 37 CFR § 1.8(a)) I hereby certify that this correspondence is being: <input checked="" type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input type="checkbox"/> transmitted by facsimile on the date shown below to the USPTO at (703) _____ October 5, 2005 Date Signature Noemi Tovar Printed Name	<input checked="" type="checkbox"/> <b>General Power of Attorney (SB80)</b> <input checked="" type="checkbox"/> <b>37 CFR 3.73(b) Statement</b>	<input checked="" type="checkbox"/> <b>Return Receipt Postcard</b>
	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> <b>Other Enclosure(s) (please identify below):</b> <input checked="" type="checkbox"/> Copy of this Transmittal Form <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

<b>SIGNATURE OF ATTORNEY OR AGENT</b>			
Signature		Reg. No.	47,648
Name of Attorney or Agent		Paul B. Heynssens	
Date	October 5, 2005	Tel.	(425) 707-3913
		Facsimile No.	(425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:		22971	